

Developmental Disabilities Workgroup Agenda Tuesday, November 1, 3-5 pm

Introductions

Context on DD population and spending

Review client care journey

Review material Discuss

Discuss opportunities to ensure effective care, quality, and client experience

Review material Discuss

Next steps



Arkansas Healthcare Payment Improvement Initiative: A statewide, multipayor effort

"Our goal is to align payment incentives to eliminate inefficiencies and improve coordination and effectiveness of care delivery."

Gov. Mike Beebe

Episodes have the potential to ...

Deliver coordinated, evidence-based care

Focus on high-quality outcomes

Improve client focus and experience

Incentivize cost-effective care

Who we serve



Why this initiative is important: improving client experience and quality of care

- Ensure coordination of care for clients across multiple providers (DD, behavioral health, other medical)
- Ensure all individuals have access to appropriate level of services
- Ensure the best possible client experience across the system (assessments, administrative processes, other hurdles)
- Ensure that decisions regarding resource allocation are truly based on client needs

Backdrop: Medicaid budget pressure

Arkansas' Medicaid budget is expected to see a shortfall of up to \$60 million by July 2012 and \$250 million by July 2013

The federal government matches state Medicaid dollars 3-1, so the total shortfall is projected to be almost \$1 billion by July 2013

Arkansas must develop a health care system that sees financial growth at a slower, more measured pace or Medicaid could face severe cuts to optional services, including those for people with developmental disabilities

Context: services today

Number of clients	Served by
14,030	 86 Developmental Day Treatment Clinic Services (DDTCS) providing Adult Development Services 102 Specialized PreSchool Services (Early Intervention providers)
8,229	Children's Health Management Services
4,005	 77 Home and Community Based Waiver service providers
1,707	 40 Intermediate Care Facilities (ICFs)

- Accounts for ~20% of total Arkansas Medicaid spending
- All are "optional" services according to CMS

Role of workgroup: we want real input and collaboration from workgroups

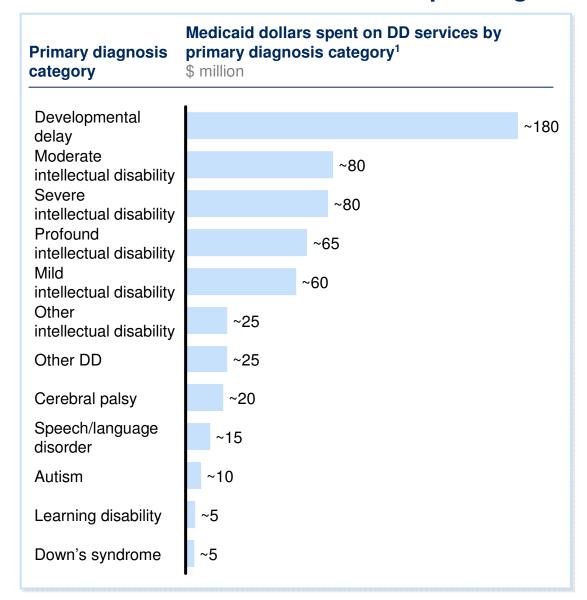
Workgroups: we are looking for...

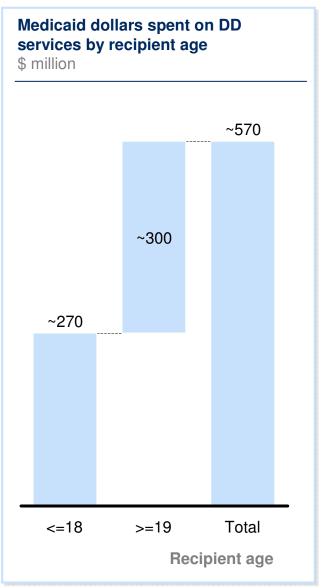
- Professional input on the client care journey and experience
- Professional input on inefficiencies in the system and improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome

Format for today

- We want your active participation and feedback
- Flow: we will present some materials (for example, a draft "client care journey") and will then turn to group discussion and comments
- Videoconference participants should feel free to speak up (we will also pause at points to ask for input from other sites)
- Please always speak directly into the microphone so that those in other sites can hear your comments

Context: Breakdown of Medicaid spending on DD primary diagnoses



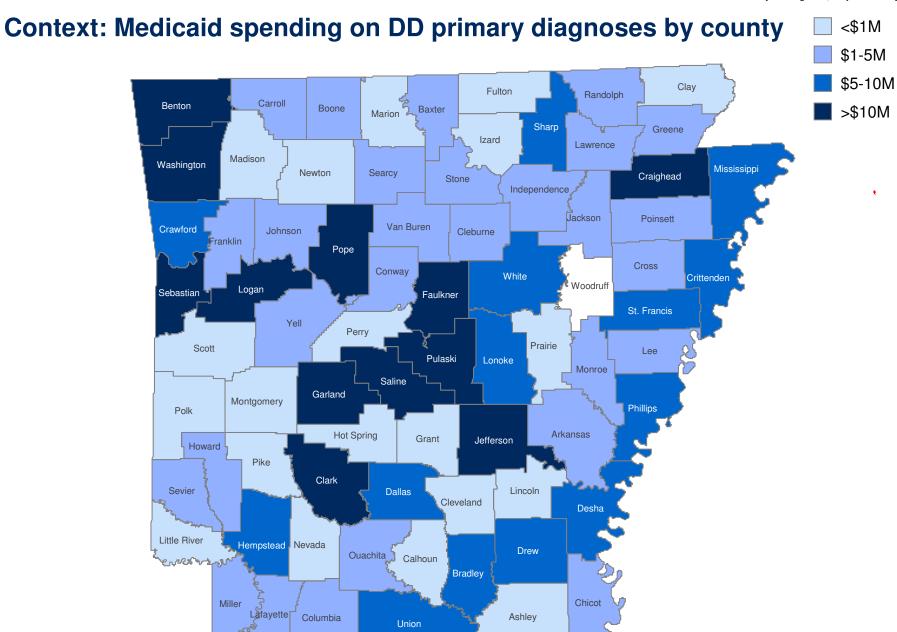


SOURCE: Arkansas Dept. of Human Services, Division of Medical Services, SFY10

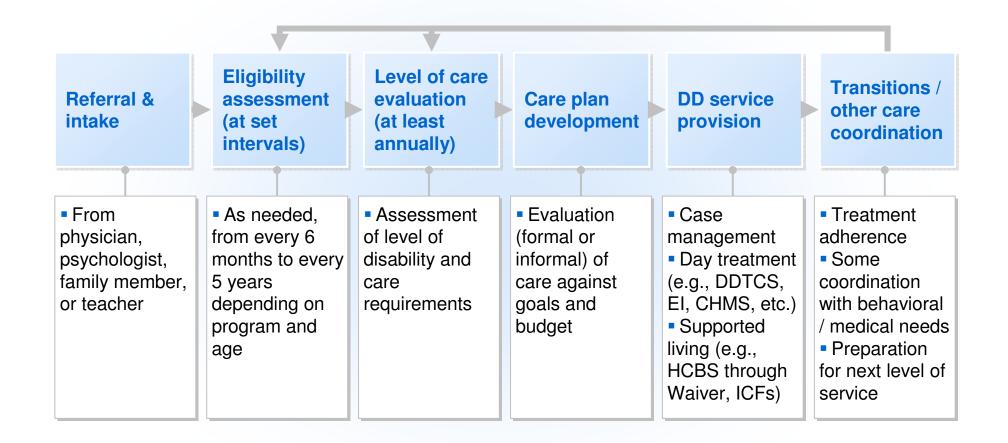
¹ Does not include spending on Rx or medical services

Context: Waiver clients and Waiver spending by \$10K increments

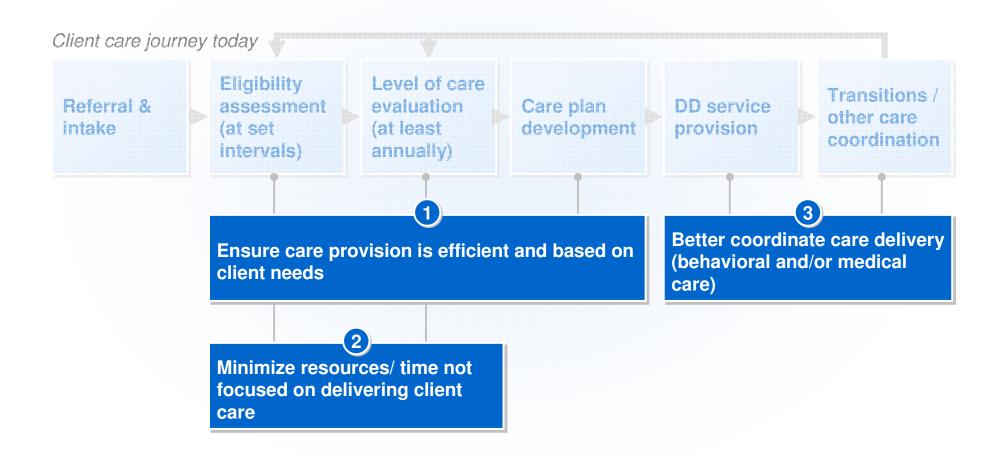




Today: client care journey



Opportunities to improve quality of care, client experience, and cost efficiency of care provision



Guiding Principles

Everyone should have the right to receive the services they need

Decisions should be made as close to the service as possible

The interdisciplinary team model is central

A standardized assessment should guide care decisions

Adhering to these principles requires moving beyond a fee for service model

Examples of major design dimensions for the episode model

Episode definition

- Start / end of episode
- Services included/excluded

4 Success metrics

Improving:

- Quality of care
- Client experience
- Cost efficiency

2 Client criteria

- Level of care
- Income
- Age / sex / race
- Diagnoses, procedures
- Geographic location

Measure-

- Absolute or relative
- Baseline or benchmark
- Statistical/actuarial minimums
- Risk/severity adjustment

Oriteria

- License / specialty
- Accreditation
- Capabilities
- Scale / volume
- Performance
- Geographic location

6 Payment model

- Prospective vs. retrospective
- Level of gain or loss sharing
- Outlier / stop loss thresholds

Recap of related initiative: service centers

Service center concept

 One-Stop service organization that has the capability to provide, through its own employees or contractors, services specifically designed for persons with developmental disabilities.

Components

- Standardized Assessment & Evaluation
- Person Centered Planning
- Services provided could include:
 - Care Coordination
 - Specialized Pre-School
 - Early Intervention
 - Adult Day Habilitation
 - Supported Living
 - Transportation
 - Therapies
 - Supported Employment
 - Specialized Mental Health Care
 - Other Services as Needed

Next steps

Synthesize and post online the feedback and input from today's discussion

Circulate follow-up questions

Attend our next workgroup on Dec. 15

Visit our web site with any questions:

http://humanservices.arkansas.gov/director/Pages/APII.aspx